

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009161

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

317  
FILED MAR 2 1962

541

562

VS 300  
Rev. 4/59

1400 2

24036 2

3

4 0

5 3

6

7 0

8 0

9541.1

10

11

1245-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

ST LOUIS

b. CITY (if outside corporate limits, give TOWNSHIP only)

CLAYTON

Length of stay in lb

2 WEEKS

c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

COUNTY HOSP.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

St. Louis

c. CITY

OR

TOWN

PINE LAWN

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(if outside, give location)

3906 COUNCIL GROVE

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

James ROBERT Hahn

4. DATE  
OF  
DEATH

Month

Day

Year

2-16-62

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

## 8. DATE OF BIRTH

10/15/1885

## 9. AGE (last birthday)

76

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MINER

## 10b. KIND OF BUSINESS OR INDUSTRY

LEAD MINES

## 11. BIRTHPLACE (City and state or country)

MINE LA MATTEMO U.S.A.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

LAFAYETTE HAHN

## 13b. MOTHER'S MAIDEN NAME

MARY ELIZABETH GAMBLIN

## 14. NAME OF HUSBAND OR WIFE

FLORA COMBS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

JAMES O HAHN

## 17. INFORMANT

Address COUNCIL GROVE

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Broncho pneumonia, Bilat

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Hypostatic Post-Op Laparotomy

## DUE TO (c)

Purported Bacterial Effic

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 2-2-62 to 2-16-62 and last saw her him alive on 2-16-62  
Death occurred at 3:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

L. A. Beal M.D.

## 22b. ADDRESS

609 So. Brentwood  
Clayton 5, Mo.

## 22c. DATE SIGNED

2-16-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

## 23b. DATE

2/17/62

## 23c. NAME OF CEMETERY OR CREMATORY

Lawrence Hill Cem.

## 23d. LOCATION (City, town, or county)

St. Louis County Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Catherine Kelly 7267 NATURAL BRIDGE

## 25. DATE RECD. BY LOCAL REG.

2-16-62

## 26. REGISTRAR'S SIGNATURE

J. M. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James R. Ammer

Licensed Embalmer No. 4142

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.